

Her son was advocating for her, of course, too. But she went through the trauma and pain of cancer and the trauma and pain of dealing with insurance companies. We know that. Yet some in this body want to increase the role of private insurance and allow them to continue to game the system.

We also know that private insurance companies in many ways are simply a step ahead of the sheriff. They do not mind insuring someone who is 50 and healthy, but they would rather not insure someone who is 63 and unhealthy because they can make more money on someone who is healthy, but in somebody who has a preexisting condition, they will find a way not to insure them or not to pay off to them when they get sick. We know about the inefficiencies in the health care system, in private insurance. We know the difficulties with private insurance, the bureaucracy, and we know about the administrative costs of private insurance.

Private insurance administrative costs run anywhere from 15 percent to 30 percent, depending on whether you are in a big group plan, a smaller group plan, or an individual plan. We also know Medicare, which has delivered for 44 years—it was signed by President Johnson in July of 1965—we know Medicare has delivered very well in the great majority of cases for the American people, for the elderly, but we also know Medicare has about a 2-percent or 3-percent administrative cost—again, contrasted with 15 to 30 percent with private insurance companies.

We also know, interestingly, there is a statistic—there was a study several years ago of the richest industrial democracies—France, Germany, Japan, Israel, England, Spain, Italy, Canada, and the United States—and they rated all these countries according to several health care indices: life expectancy, infant mortality, maternal mortality, inoculation rates for children, all those things. Of the 13 countries they looked at, the United States ranked 12th. Even though we spent twice as much as any other country on Earth per capita, our outcomes were not as good. We were 12th out of 13. In one category, America ranked near the top, and that is life expectancy at 65.

If you get to be 65 in this country, the chances are you are going to live a longer, healthier life than almost any other country in the world. Why? Because we have a health care system, Medicare, that provides health insurance for everybody over 65. There are holes and gaps in coverage in Medicare; the premiums can be pretty hard for some to reach; the copay and deductibles can be a problem.

Overall people know when they have Medicare they are pretty darned well taken care of. That is not the case for people under 65. I came to the floor tonight for a few more moments, as I was listening to Senator SANDERS talk so eloquently, to share a couple stories.

Sherry, in Albany, OH, is not Medicare eligible. She is forced to consider borrowing from the equity in her home to pay her \$1,070 premium through

COBRA. She had a job. She lost her job. She has to pay the employer and employee side to pay for her health insurance. That is the way COBRA works. It is a good program but a bit of a cruel hoax. If you lose your job, it is pretty hard to pay your premium and your employer's premium at the same time.

She is considering borrowing against her house to pay for her health insurance for COBRA for 18 months. She will get a little bit of help now, because in the stimulus package, we took care of some of that. She has to find a way until she is 65 to cobble together insurance.

Terry, a small business owner nearby in Columbus, expects to pay 35 percent more this year to cover his employees. He wants to cover his employees, but he has a 30-percent increase. What is he supposed to do, especially when his business—I don't know a lot about his business, but so many small businesses are squeezed more and more because of the economy. So we know these stories, and that is why it is so important that we address health care reform this year.

We want to do several things. First of all, anybody who is in a health care plan they are happy with, they are satisfied with now, they can stay in that plan. If they want to make that choice, they stay in the plan. Second, we need to do something on costs, to stop the huge increase in premiums, copays, deductibles. We have to do a better job to constrain costs in the health care plan than this government or the private sector has been able to do for decades.

Third, we need to give people full choice. That means they can stay in their plan, as I mentioned earlier, No. 1, but they also will have a choice of private insurance plans and a public plan, a public option. So they can choose a private plan with Aetna or a private plan with United Health or a private plan with BlueCross BlueShield or they can decide to join a public plan, a public plan that might look similar to Medicare, which they can decide, perhaps they would save money or have better preventive care or a plan with lower copays or deductibles.

They can make the choice. A great majority of the Democratic caucus, and I hope Republicans will join us, an overwhelming sector wants that option, a public plan and a private plan they can choose, that might be similar to Medicare.

Anything we tried in health care, every time that health care reform was introduced, the cries of "government takeover" and "socialized medicine" were heard from by conservatives who do not think government should have a role in health care.

We are the only country in the world that thinks that, it seems like, because every other country has a major part of their health care plan, a major part is involved with the government, if not the whole plan.

We are not asking for a government takeover, we are not doing socialized

medicine. That is what they always say. We heard it in 1948, when Harry Truman tried to push through Medicare. We heard it in 1965, when Lyndon Johnson and the overwhelmingly Democratic House and Senate passed the Medicare law. We heard it in 1993, my first term in the House, Senator SANDERS' second term in the House. And that is what insurers are claiming today. They are saying: Government takeover of medicine. That is not true. We want a government option plan. We want the government to provide a Medicare plan that people can choose from. You can choose a private plan or public plan.

Americans deserve no less. Our country can afford no less. The President asked us to move on this as quickly as we can and to do it right. This is our chance, and I think we are going to do it.

Mr. SANDERS. Would the Senator from Ohio yield?

Mr. BROWN. Yes.

Mr. SANDERS. I wish to thank him for his cogent remarks, talking about one of the most basic issues facing this country and that is health care. We are on the Veterans' Committee as well, and I know you spend a lot of time talking to veterans in Ohio. Has the Senator heard a veteran in Ohio tell you they want to privatize the VA?

Mr. BROWN. I have heard mostly conservative Republicans say they want to privatize the VA.

Mr. SANDERS. Every time that issue is raised, the veterans say no.

Mr. BROWN. One of the things we noticed about the Veterans' Administration is that the VA has found a way to buy, at the lowest cost possible, some of the least-expensive but good-quality prescription drugs. Because what the VA does—there are millions of veterans—they negotiate on behalf of veterans with individual drug companies for individual prescription drugs, individual pharmaceuticals, and they get a rate at about one-half of what you would pay if you went to Drug Mart or Rite Aid or any of the other stores.

The Medicare bill, when it came through the House and Senate—President Bush pushed that bill—they did not allow us to negotiate drug prices. We know what this is about. We know if we follow the lead of the drug industry and the insurance industry, which this Congress did through most of the first part of this decade with President Bush, we end up with special interest laws that protect the drug companies or insurance companies.

Or we can now pass health care with a public option plan, give the public the option of going to a Medicare-like plan instead of a private insurance company plan, if they want to, or stay in the plan they are in and then they decide on what kind of care they would like.

Mr. SANDERS. My friend from Ohio is exactly right. If you talk to the people of this country, if you talk to the veterans and say: Do you want VA